



# Out of Hours Medical Service Patient Survey

## Section 1

Please tell us about the patient

**Q1 Are you the patient?**

Yes.....

No, I am completing this on behalf of the patient.....

**Q3 Gender of the patient?**

Male .....

Female .....

**Q2 Age of the patient in years?**

## Section 2

Please tell us about your use of the Out of Hours Service on this occasion.

**Q4 What prompted you to contact the Out of Hours Service?**

*I judged my condition too severe to wait for a doctor's appointment in normal surgery hours*.....

*I was advised to by an ambulance crew*.....

*I was advised to by another health care professional*.....

*I was advised to by a friend / relative*...

*I could not get an appointment in normal surgery opening hours* .....

*I prefer to use the Out of Hours Service* .....

*Other, please specify*

**Q5 How did you make contact with the Out of Hours Service?**

*I telephoned my surgery*.....

*I went to a clinic / surgery*.....

*I was referred to the service by NHS Direct*.....

*I was referred to the service by an ambulance crew that attended me*.....

**Q6 Was your telephone call answered promptly?**

Yes.....

No.....

Unable to say .....

*I did not call the service I walked into a clinic/ was referred by an ambulance crew/ NHS Direct*.....

**Q7 With which of the following were you expecting the Out of Hours Service to be able to help you with when you called? Please tick all options that apply.**

*Giving advice*.....

*Asking you to attend a local clinic/ surgery out of hours* .....

*Sending a doctor to see you in your home out of hours* .....

*Arranging a doctor's appointment for normal surgery opening times*.....

*Getting a prescription*.....

*Other, please specify*

**Q8 What was the outcome of your contact with the Out of Hours Service? Please tick all options that apply.**

- I received advice on the telephone* .....
- A GP/ health care professional visited my home* .....
- I was seen in a clinic / surgery out of hours* .....
- I was taken to hospital by an ambulance*.....
- I went to hospital by my own means* ....

**Q9 If you were seen in a clinic did this cause you any difficulties?**

**Q10 What did you do in the 24 hours following your contact with the Out of Hours Service? Please tick all options that apply.**

- Nothing further, the advice/help from the Out of Hours Service resolved my problem adequately*.....
- I made a doctor's appointment/visited a GP*.....
- I went to hospital / called 999*.....
- I rang the Out of Hours Service again later*.....
- I rang NHS Direct*.....

*Other, please specify*

### Section 3

**Please tell us about the staff you had contact with when using the Out of Hours Service**

**Q11 How would you rate the length of time you had to wait to see the clinician once you arrived at the clinic / were told they would visit you at home?**

- Very acceptable* .....
- Acceptable* .....
- Fairly acceptable*.....
- Unacceptable*.....
- Very unacceptable* .....
- N/A, I only received advice on the telephone* .....

**Q12 Which of the following clinical staff did you have contact with?**

- GP*.....
- Nurse*.....
- Emergency Care Practitioner (ECP)* ....
- Unable to say*.....

**Q13 Was the GP / nurse / Emergency Care Practitioner (ECP) wearing identification?**

- Yes*.....
- No*.....
- Unable to say*.....
- I did not see the clinician, I only received advice on the telephone.* .....

**Q14 How would you rate the GP / nurse / ECP you had contact with on the following issues?**

	<i>Very acceptable</i>	<i>Acceptable</i>	<i>Fairly acceptable</i>	<i>Unacceptable</i>	<i>Very unacceptable</i>
Q14a The length of time you waited for them to call you back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14b The length of time spent with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14c Establishing the history of your problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14d Diagnosing your problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14e Suggesting a treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14f Listening to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14g Treating you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15 How would you describe the attitude of the staff who you had contact with?**

	<i>Very professional</i>	<i>A little improvement necessary</i>	<i>Not professional</i>	<i>I did not have contact with this member of staff</i>
Call taker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptionist at the Out of Hours Clinic / surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP / nurse / ECP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q16 Please use the box below to tell us if you have any comments specifically on the attitude of staff you had contact with.**

**Section 4**

**Please tell us your overall views on the Out of Hours Service**

**Q17 How would you describe the service you received in relation to your expectations from the Out of Hours Service?**

- Exceeded my expectations* .....
- Met my expectations* .....
- Reasonably met my expectations* .....
- Barely met my expectations* .....
- Did not meet my expectations*.....

**Q18 Overall, how would you describe the service you received?**

- Very satisfactory*.....
- Satisfactory* .....
- Fairly satisfactory* .....
- Unsatisfactory* .....
- Very unsatisfactory*.....

**Q19 Please use this box to tell us if you have any other comments.**

**Thank you for your time.**

**If you would like any help completing this questionnaire or have any queries, please contact Victoria Maillardet in the Clinical Quality Department on 01603 422747.**

Ref1:

Ref3:

Ref2: